

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Empower Clinic Services, L.L.C.

Plaintiff(s),

v.

LegitScript L.L.C.

Defendant(s).

Case No.: 3:25-cv-00514-HZ

MOTION FOR LEAVE TO APPEAR
PRO HAC VICE

Attorney Susannah Torpey requests special admission *pro hac vice* to the Bar of the United States District Court for the District of Oregon in the above-captioned case for the purposes of representing the following party (or parties):

Empower Clinic Services, L.L.C.

In support of this application, I certify that: 1) I am an active member in good standing with the New York State Bar; and 2) that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the Local Rules of this Court, and this Court's Statement of Professionalism.

I understand that my admission to the Bar of the United States District Court for the District of Oregon is solely for the purpose of litigating in the above matter and will be terminated upon the conclusion of the matter.

(1) PERSONAL DATA:

Name: Torpey Susannah
(Last Name) (First Name) (MI) (Suffix)

Agency/firm affiliation: Winston & Strawn LLP

Mailing address: 200 Park Ave. Fl. 44

City: New York State: NY Zip: 10166

Phone number: (212) 294-4690 Fax number: (212) 294-4700

Business e-mail address: STorpey@winston.com

(2) BAR ADMISSION INFORMATION:

(a) State bar admission(s), date(s) of admission, and bar number(s):

New York, 10/12/2005, Reg. No. 4353454

(b) Other federal court admission(s) and date(s) of admission:

N.Y.E.D., 1/13/2006; N.Y.S.D, 12/6/2005; U.S. Supreme Court, 6/1/2010

USCA 5th Cir., 10/30/2020; USCA 7th Cir., 2/6/2009; USCA 9th Cir. 2/1/2011

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

☒ I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.

☐ I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

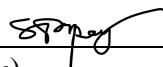
Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) CM/ECF REGISTRATION:

I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the requirements of LR 83-3, and I certify that the above information is true and correct.

DATED: 03/28/2025


(Signature)

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement to associate with local counsel under LR 45-1, check the following box:

- ☐ I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application.

To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel.

Name: Snider Timothy
(Last Name) (First Name) (MI) (Suffix)

OSB number: 034577

Agency/firm affiliation: Stoel Rives LLP

Mailing address: 760 SW Ninth Avenue, Suite 3000

City: Portland State: OR Zip: 97205

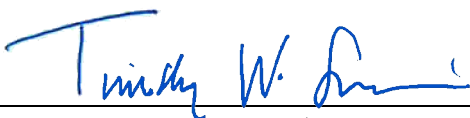
Phone number: (503) 224-3380 Fax number: (503) 220-2480

Business e-mail address: timothy.snider@stoel.com

CERTIFICATION OF ASSOCIATE LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in case number 3:25-cv-00514-HZ (D. Or.).

DATED: 03/28/2025.


(Signature of Local Counsel)